

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06/09/03.

I. DISPUTE

Whether there should be reimbursement for CPT codes listed below for dates of service 09/11/02 through 12/04/02. The carrier denied services as "T-214-Not according to Treatment Guidelines-The charge exceeds the scheduled value and/or time parameters that would appear reasonable. F-Reduced according to Fee Guidelines".

II. FINDINGS

HCPCs code E0745 for the date of service 12/04/02, has been withdrawn per the requestor indicating payment has been made per revised Table of Disputed Services and will not be reviewed.

III. RATIONALE

Requestor billed \$36.00 for dates of service 09/11/02, 09/24/02 and 10/09/02 for CPT code 95851, carrier made no reimbursement and denied as "T". "T" denial is no longer valid and cannot be used to reduce or deny payment per Advisory 2002-11. Therefore, reimbursement is recommended for this date of service in the amount of **\$108.00**.

CPT code 97750 for date of service 09/27/02, requestor billed \$344.00 and the carrier made no payment. Carrier denied services as "F-Reduced according to fee guidelines, please resubmit with proper modifier." Relevant information supports the delivery of services per the MFG and reimbursement is recommended in the amount of **\$344.00**. (8 units of 15 minutes x \$43.00 MAR = \$344.00)

Date of service 10/18/02 for CPT code 99213, requestor billed \$48.00, the carrier made no payment and were denied by the carrier not according to Treatment Guidelines. The denial of "T", is no longer valid and cannot be used to reduce or deny payment per Advisory 2002-11. Therefore, reimbursement is recommended for these dates of service in the amount of **\$48.00**.

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation.

Relevant information submitted in support of the fee component in this dispute does not identify the severity of the injury to warrant exclusive one-on-one treatment. Therefore, in accordance with MFG MGR (I)(A (10), no additional reimbursement is recommended for the date of service 10/18/02.

IV. FINDINGS & DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 99213. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$500.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 19th day of April 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb